

## INTRODUCTION AND WELCOME\*

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**W**ELCOME to this Symposium on Motor Vehicle Injuries. These proceedings are presented by the Committee on Public Health of the New York Academy of Medicine, the New York State Department of Health, and the New York State Governor's Traffic Safety Committee. On behalf of these sponsoring organizations and my Program Planning Committee colleagues, I want you to know how delighted we are that you have come to participate in what we believe will be an enjoyable and intellectually stimulating meeting.

The New York Academy of Medicine is proud to be your host for these two days. This meeting is to present recent developments in motor vehicle injury control from research, programmatic, and public policy perspectives. You will hear from an absolutely splendid array of speakers who will explore the many dimensions of one of the most significant public health problems of modern times.

Injury is the leading cause of premature death in our nation. It accounts for more person years of life lost than do heart disease, cancer, and stroke combined. Among injuries, those associated with motor vehicles are the most significant and most tragically perplexing: significant, because of the enormous toll of death and disability they exact; perplexing, in that, although we have the knowledge and technology to reduce their occurrence and severity, we have made so little progress to control them.

Surely violent death or disability from motor vehicle injury is one of the sternest public health challenges of our time— and has for decades been recognized as such, if not by the general public, certainly by public health experts. Motor vehicle injury is, in many ways, the modern equivalent of major widespread infectious diseases that were so much a part of life and death in turn of the century America. Why then has it proved refractory to our efforts?

Are we perhaps doing the wrong thing? We have concentrated our efforts

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for the most part on education and individual behavioral change. We have most recently resorted to legal coercion, mandatory safety belt laws for example, to encourage such change. Some authorities, my planning committee colleague Leon Robertson, for example, have eloquently cautioned us that, in relying on behavioral change, we may have been leaning on a slender reed. And if the history of public health is any guide, changing behavior has never been our strong suit.

Our proudest accomplishments to protect the health of people were more often than not founded on engineering solutions and technological applications: public water supply, chlorination, better housing, sanitary sewage disposal systems—solutions which require no individual effort. If educating people to boil water were our only solution to control enteric diseases, we would surely still have cholera in the streets of New York.

We have begun more recently to pay attention to engineering solutions to the motor vehicle injury problem. For a society like ours, so addicted to technological fixes, this belated attention is puzzling and further complicated by a seemingly perverse failure to apply useful technology to control injury, even when it is in hand, the air bag being the quintessential example of the conundrum.

The barriers to progress in motor vehicle injury control are multiple and complex.

But it may be that the greatest barrier of all is apathy. We are, if anything, adaptable creatures—but perhaps our ability to adjust works against us in this case. Rene Dubos once warned, “. . . adjustments to environmental threats are often achieved through a blunting of awareness and can thereby interfere with recognition of human values. Most persons come to be almost unaware of conditions which they know to be undesirable but to which they have become tolerant through continued exposure.”\*

Can it be that the horrors of motor vehicle traumas have become so commonplace—so much a feature of the modern American landscape—that we have come to accept them as part of existence? Such a blunting of sensibility could well explain our apparent icy indifference and lack of public resolve to act. The issue of motor vehicle injury pervades every aspect of our society. It is not merely a health issue, it is a basic issue of economic and social policy. It ranks as one of the major issues which government at all levels must confront, and it will take epidemiologists, engineers, physicians, psychologists, sociologists, lawyers, and insurers to devise the strategies best calcu-

\*Dubos, R.J.: *So Human an Animal*. New York, Scribner, 1968, p. 156.

lated to achieve its reduction and control. It will take more than intellectual effort; it will require political action in the face of apathy and the hostility of vested interests. All of us who would see significant progress in motor vehicle injury control ought to be prepared to engage in public debate, to forge interdisciplinary working alliances, and, recognizing that we have a long road to travel, to persevere.

The planners of this symposium hope that this meeting will be a step along that road . . . that these two days will provide a forum for a multidisciplined exploration of new ideas and emerging issues in the field of vehicular trauma control; that all of us (new investigators and students, in particular) will be encouraged to active involvement in motor vehicle injury research, prevention, and control.